



PATIENT

Goomie McKernan

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

7 years

WEIGHT

36.6 kgs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

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11725

DATE

4/16/2026

PRESENTING CLINICAL SIGNS

P presented for vomiting large piles of frank blood. P has been on long term Carprofen until about 1 month ago. O recently traveled from PA two days ago and P was extremely stressed during the car ride. Radiographs showed borderline small liver and amorphous soft tissue opacity ingesta in the stomach. BW showed NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.93 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.98 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.85 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 cm at the cranial pole and 0.7 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 1.3 cm at the cranial pole and 0.77 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.6 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively small in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains mild fluid and gas. It measures at a normal thickness of 0.6 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. The pylorus appears moderately fluid distended with a mildly thickened wall measuring 0.8 cm.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.33 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Borderline small liver. Findings could be consistent with anatomic variation, portosystemic shunt, chronic liver disease, etc.
- Mild fluid and gas distended stomach with a prominent gastric wall and a mildly thickened pylorus. Findings are suggestive of gastritis. Underlying infiltrative disease is less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is mildly fluid and gas distended. Intraluminal gas artifact interferes with full evaluation of the stomach. No definitive foreign material is observed although a small, non-obstructive foreign material cannot be definitively ruled out. The gastric wall is somewhat prominent with intact wall layering most consistent with gastritis.

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The liver subjectively appears small. This could be hard to judge in a deep chested individual. Correlate with radiographs to assess the liver in relation to the gastric axis. If further evaluation is desired, consider pre- and post-prandial bile acids to assess liver function. If liver function is abnormal, a liver biopsy +/- contrast CT scan may be warranted to further investigate.

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Recommend treatment for gastritis with anti-ulcer therapy, nausea meds, etc. If symptoms are



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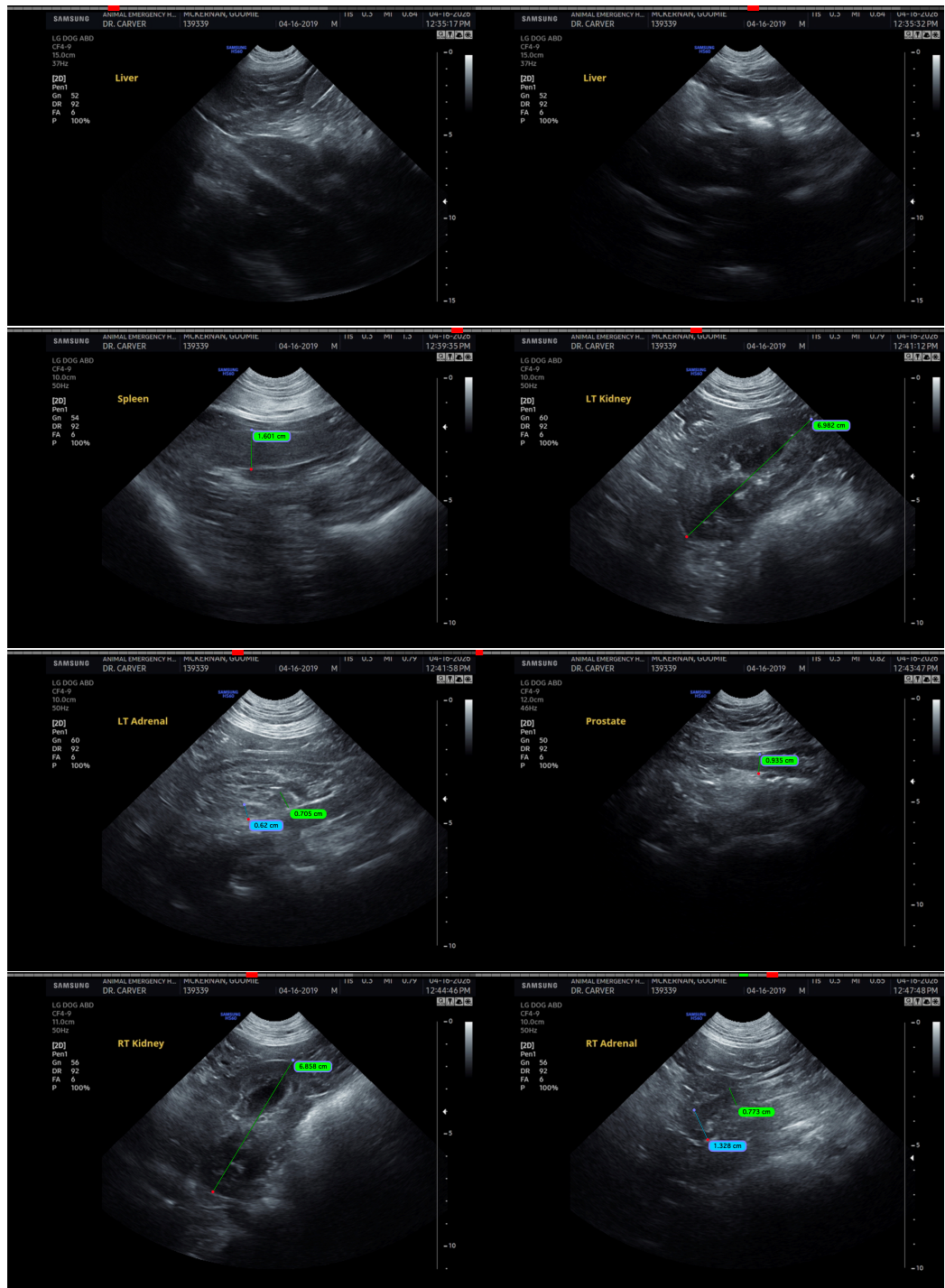
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persistent, upper GI endoscopy to further evaluate and obtain biopsies may be warranted.

Correlate these findings with current lab results, radiographs, and a baseline cortisol. Unfortunately, significant gastric ulceration cannot be ruled out in this individual.





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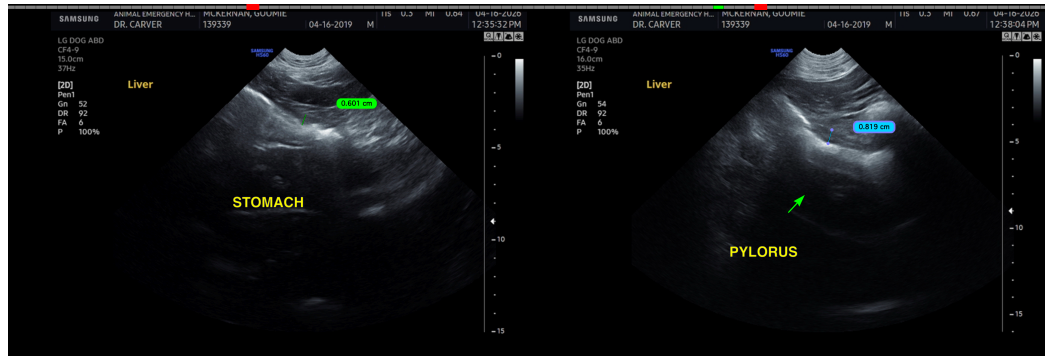
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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